

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES

Project C.A.R.E: “Caregiver Alternatives to Running on Empty” FACT SHEET

Project C.A.R.E: “Caregiver Alternatives to Running on Empty” uses a family consultant model to provide consumer-directed respite care and comprehensive support to caregivers. ***The goal of the program is to increase quality, access, choice, and use of respite and support services to low-income rural and minority families caring for a person with dementia at home.*** Through the integration of dementia-capable services and the development of family-centered and caregiver-focused community care networks, Project C.A.R.E. helps create a seamless, coordinated delivery system that is responsive to the needs, values and preferences of Alzheimer’s families.

Project C.A.R.E. is administered through the Division of Aging and Adult Services (DAAS) with expert consultation and technical assistance provided by the Duke Aging Center Family Support Program. Project C.A.R.E. is implemented at the local level through Family Consultants. The program is currently based within the Mecklenburg County Department of Social Services, two local Area Agencies on Aging (Regions Q and N) and two area offices of the Alzheimer’s Association - Western Carolina Chapter. The Mountain Area Chapter office in Asheville serves as the project training center for all new program sites and staff.

Project C.A.R.E. employs Family Consultants with expertise in Alzheimer’s disease and related disorders. The Consultants visit the homes of referred dementia caregivers in crises and offer timely, individualized assessment, guidance, counseling, support, advocacy, coaching and education. Their aim is to match families with the most appropriate and preferred local respite and community services tailored to their unique situation and needs. Through Project C.A.R.E., caregivers may spend up to \$2500 per year toward respite services. Families are able to choose among a full continuum of consumer-directed care options, including adult day services, group respite, private or agency in-home care, and overnight residential respite.

There are currently **five program sites** set up to serve the following **18 counties**: 1) **Charlotte** (Mecklenburg County), 2) **Winston-Salem** (Forsyth, Surry, and Stokes); 3) **Asheville** (Polk, Henderson, Transylvania, Rutherford, Madison, McDowell, Buncombe, Haywood, Jackson and Swain); 4) **Pembroke** (Robeson and Bladen); and 5) **Washington** (Northampton and Hertford). Additional counties will be added over the next two years to include Halifax, Martin, Bertie and Hoke.

“Getting a break certainly helps me keep a smile on, and makes me a better person to give him the care he needs and deserves.”

~Project C.A.R.E. Client

“It is wonderful to know she is cared for and safe when I’m at work. We could never have kept (our mother) at home this long without Project C.A.R.E. It has been so very, very helpful to us.”

~Project C.A.R.E. Client

National Recognition:

- ◆ **2008 National Program Champion** – U.S. Administration on Aging
- ◆ **2005 National Best Practice Model** – U.S. Administration on Aging and RTI International
- ◆ **2005 National Innovative Program Clearinghouse Award and 2005 National Model for Home and Community-Based Care Coordination** – National Alzheimer’s Association
- ◆ **2004 Geriatric Best Practice Award** – Southeast Regional Geriatric Best Practices Initiative

Approach:

Project C.A.R.E. Family Consultants use a family-centered, home-based assessment intervention. In-home assessments are preferred because they are responsive to caregiver time and energy constraints. During the home visits, the Consultant:

- ◆ assesses the family care environment;
- ◆ identifies the needs and preferences of both the caregiver and the person with dementia;
- ◆ facilitates discussion and mutual understanding among family members;
- ◆ connects the family with community resources; and
- ◆ ensures the provision of quality respite care and support services.

The personalized approach of the Consultant fosters family trust, offers individualized caregiving and coping skills and encourages caregiver self-care. Project C.A.R.E. helps families learn the value of quality respite services and feel empowered to make self-directed, informed decisions about care.

“Upon arrival into the home, families are often paralyzed by their experience. I begin, first, by teaching the caregiver how to accept help, practice better self care and make informed care decisions.”

~Project C.A.R.E. Family Consultant

The Project C.A.R.E. model builds upon, enhances and sustains existing home and community-based services by using local providers to deliver respite care while serving as a direct link to the expertise and resources of the Alzheimer’s Association. Project C.A.R.E. also connects families to the NC Family Caregiver Support Program, ADRC’s, VA Programs, Hospice and other caregiver-focused initiatives– creating a strong network of community support for Alzheimer’s families. This comprehensive system of care strengthens the family’s capacity to manage the ongoing and diverse challenges inherent in caring for a person with dementia, enabling families to provide care at home longer.

“Your support and encouragement was most timely and brought a sense of order into our lives.”

~Project C.A.R.E. Client

“That one day a week means everything to me. I am a different person— my friends all tell me I am a different person”

~Project C.A.R.E. Client

Funding:

◆ State Funding:

- **Appropriation: \$500,000** (currently non-recurring funds)
- **Total budget: \$666, 667** (includes 25% local match)
- **Portion for direct respite services (east and west): \$467,673** (\$2500/year per family)
- Remaining funds used for Family Consultants salaries, travel and training

◆ New Federal Funds:

- **Total grant funding for 3 year demonstration period: \$936,187**
- **Year 1 budget: \$371,978** (includes 25% local match)
- **Portion for Family Consultant positions and eastern program sites: \$267,373**
- Remaining funds used for administrative staff, training, travel, program evaluation, database development and contracts with Duke, UNC-Institute on Aging and University of Michigan for consultation, training and research support (per new federal AoA requirements)
- Federal funds can no longer be used for traditional respite care services

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